

VACANCY NOTICE

CS-376
REV(8/08)

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

Description of Position	TITLE OF POSITION: <u>Administrative Officer</u>	CLASSIFICATION CODE: <u>00404300</u>
	SALARY RANGE: <u>822A, \$43321-49946</u>	REFERENCE POSITION NO.: <u>2044-10100-5</u>
	Department or Agency Name <u>Executive</u>	APPLICATION PERIOD: <u>4/13/2012-4/27/2012</u>
	Division/Section/Unit: <u>Commission on the Deaf/Hard of Hearing</u>	
	Assignment(s) / Comments: _____	
	Shift and Days: <u>1st (Monday-Friday)</u>	Job Location: <u>One Capitol Hill, Providence, RI</u>
	Restrictions/Limitations: _____	
	Position Covered By Collective Bargaining Union Agreement: Yes _____ No <u>X</u>	
	Name of Bargaining Unit Union: _____	
	There is <u> </u> is not <u>X</u> a Civil Service List for this position See A/B or Both for Specific Instructions	
NOTE: If there is a list, only candidates who have taken the exam and are reachable should apply.		
General Information to Candidate	INSTRUCTIONS:	
	A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position(s) indicated. If you are currently in this classification and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either <u>on the application</u> or <u>within a cover letter</u> , both the File Position Title and Number.	
	Most Important - Please include the following information:	
	<ul style="list-style-type: none"> The title of the position for which you are applying Title of your present position and date you entered it Date you entered State service 	<ul style="list-style-type: none"> Name of department where you are currently employed Your business telephone number Present Union Affiliations
	*** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.	
	B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT:	
	If indicated above that <u>no civil service</u> list exists for this position, you need not be in the class of position, or be in State service to apply. All information requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application.	
	C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS	
	Reasonable Accommodations: If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position.	
	Medical Information: Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the Americans with Disabilities Act (ADA).	
Statement of Duties	DUTIES / RESPONSIBILITIES:	
	To act as the Interpreter/CART Referral Specialist; to be responsible for coordinating the scheduling and assignment of interpreters and CART providers; to record and enter job information and interpreter/CART assignment information into computer; to maintain a database of skills, preferences, and expertise for consumers and paying parties and use this information to match with jobs; to communicate policies and procedures to consumers and paying parties about the interpreters and CART providers; to ensure consumer satisfaction through timely assignment of interpreters/CART providers and confirmation of completed jobs; to facilitate provision of interpreters/CART providers by conferring with requesters, billing parties, interpreters/CART providers to exchange information and by advocating for the provision and payment for interpreters/CART providers; to educate on rights and obligations mandated by existing laws requiring equal access for Deaf and Hard of Hearing such as American with Disabilities Act (ADA) and other applicable federal, state, and local laws; to adheres to the strict guidelines for confidentiality and ethical conduct required.; and to do related work as required.	
Minimum Education & Experience	EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:	
	(A class specification describing the duties of the position and the minimum qualifications will be furnished upon request.) Education: Such as may have been gained through: graduation from a high school or equivalent; or a student enrolled in an Interpreter Training Program. Experience: Such as may have been gained through: experience in providing information in a social service setting; orience in an office support function; or experience in working with deaf and hard of hearing individuals. Or , any combination of education and experience that shall be substantially equivalent to the above education and experience. Special Requirement: American Sign Language skills preferred by not required.	
Where to Apply	Apply within the application period as shown on this announcement. NOTE: Some State union contracts allow a 3 day grace period for receipt of CS-14 application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to:	
	Steven A. Florio, Executive Director RI Commission on Deaf & Hard of Hearing Department of Administration Building One Capitol Hill, Ground Floor Providence, RI 02908	Tel/VP: (401) 354-7651 Email: cdhh@cdhh.ri.gov Fax#: (401) 222-5736



STATE OF RHODE ISLAND IS AN EQUAL OPPORTUNITY/DIVERSITY EMPLOYER